



North Carolina Department of Health and Human Services

Michael F. Easley, Governor

Carmen Hooker Odom, Secretary

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

3001 Mail Service Center
Raleigh, North Carolina 27699-3001
Tel 919-733-7011 • Fax 919-508-0951
Michael Moseley, Director

Division of Medical Assistance

2501 Mail Service Center
Raleigh, North Carolina 27699-2501
Tel 919-857-4011 • Fax 919-733-6608
L. Allen Dobson, Jr. MD, Assistant Secretary for
Health Policy and Medical Assistance

December 18, 2006

MEMORANDUM

TO: Legislative Oversight Committee
Local CFAC Chairs
NC Council of Community Programs
County Managers
State Facility Directors
LME Board Chairs
Advocacy Organizations
NC Association of Directors of DSS

Commission for MH/DD/SAS
State CFAC
NC Assoc. of County Commissioners
County Board Chairs
LME Directors
DHHS Division Directors
Provider Organizations
Professional and Stakeholder Organizations

FROM: L. Allen Dobson, Jr., MD *LAD mb*
Mike Moseley *MM*

SUBJECT: Implementation Update #21
Transportation and Rate Reviews

It has been brought to our attention that there were some inaccuracies in the DMA Administrative Letter #15-06 which accompanied Implementation Update # 16 addressing transportation costs. DMA has issued a revised Administrative Letter, #17-06, which corrects those problems. A copy of the revised letter is attached. We apologize for the confusion that these errors have caused.

We have also received many questions regarding our plans to review the current rates for services. We have consistently pledged to review the rates after services have been in operation for at least six months. This is to inform you of our intent to begin the rate review process for the new, enhanced mental health, developmental disabilities and substance abuse services after the first of the calendar year. The rate for Day Supports under the CAP-MR/DD waiver will be the first rate reviewed, followed by Psycho-Social Rehabilitation (PSR) services. Once the rate reviews for these two services are complete, we will develop a work plan and schedule for other rates to be reviewed.

Questions regarding this communication should be directed to ContactDMH@ncmail.net.

cc: Secretary Carmen Hooker Odom
Mark Benton
Dan Stewart
DMH/DD/SAS Executive Leadership Team

William Lawrence, MD
Tara Larson
Marie Britt
Angela Floyd

Sharnese Ransome
Kaye Holder
Wayne Williams
Roger Barnes

DMA ADMINISTRATIVE LETTER NO: 17-06, Medicaid Transportation Revisions

DATE: December 15, 2006

SUBJECT: Medicaid Transportation

DISTRIBUTION: County Directors of Social Services Medicaid Staff

I. BACKGROUND

In October 20, 2006, the Division issued DMA Administrative Letter No: 15-06, titled "Medicaid Transportation." It has come to our attention that several of the mental health/substance abuse services enhanced benefits were incorrectly included. This document replaces and supersedes Administrative Letter No: 15-06.

Services that should have been omitted from chart found on pages 2-3 of Administrative Letter No: 15-06 are: psycho-social rehabilitation (PSR), Partial Hospital, Child and Adolescent Day Treatment, Diagnostic Assessment, Ambulatory Detoxification, Opioid Outpatient Treatment, SA Intensive Outpatient Program and SA Comprehensive Outpatient Treatment services. These services neither require that transportation be provided or that a particular service be brought to the client.

If transportation is needed for the services outlined in II.A and II.B below, the county departments of social services (DSSs) are authorized to arrange for transportation and seek reimbursement from Medicaid for those costs.

II. MEDICAID CHANGES

A. The CAP-MR/DD Waiver includes Medicaid covered services which have transportation included in the rate that Medicaid reimburses the Medicaid provider. The medical provider is responsible for arranging and providing transportation to and from the recipient's

residence for individuals receiving these services.

The following Medicaid covered services with the corresponding codes have transportation included in the Medicaid provider's fee:

Day Supports – Individual T2021

Day Supports – Group T2021HQ

Supported Employment – Individual H2025

Supported Employment – Group H2025HQ

- 1. Day Supports provide assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills, which take place in a non-residential setting, separate from the home or facility in which the individual resides.***

Supported Employment services are conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training.

- 2. The county departments of social services are not responsible for arranging or providing transportation to individuals receiving Supported Employment and Day Supports services. Do not claim Federal and State Medicaid transportation reimbursement for these services. Refer Medicaid recipients for assistance with transportation to the Medicaid provider.***

- B. The Mental Health/Substance Abuse (MH/SA) Enhanced Benefits identified in the chart below are Medicaid covered services that transportation is included in the rate that Medicaid reimburses the Medicaid provider. The medical provider is responsible for arranging and providing transportation to and from the recipient's residence for individuals receiving these services.**

The following Medicaid covered services with the corresponding codes have transportation included in the Medicaid provider's fee (for the last five services, see the "NOTE" under 2 below):

SERVICE	CODE
Community Supports Service – Adult	H0036HB
Community Supports Services – Child	H0036HA
Community Supports Services – Group – Adult or Child	H0036HQ
Community Support Treatment Team (CST)	H2015HT
Assertive Community Treatment Team (ACTT)	H0040
Intensive In-Home Services	H2022
Mobile Crisis	H2011
Multi-Systemic Therapy (MST)	H2033
Professional Treatment Services in Facility-Based Crisis Program	S9484
Substance Abuse Medically Monitored Residential Treatment	H0013
Substance Abuse Non-Medical Community Residential Treatment	H0012HB
Medically Supervised Detoxification/Crisis Stabilization	H2036
Non-Hospital Medical Detoxification	H0010

1. Clinical Policy's service definitions for each service can be viewed on the DMA website at:

<http://www.dhhs.state.nc.us/dma/bh/8A.pdf>

2. The county departments of social services are not responsible for arranging or providing transportation to individuals receiving the aforementioned MH/SA Enhanced Benefits. Do not claim Federal and State Medicaid transportation reimbursement for these services. Refer Medicaid recipients for assistance with transportation to the Medicaid provider.

NOTE: The last five services in the chart above are considered residential services. As such, the local department of social services would not need to provide transportation.

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective upon receipt.

NOTE: County departments of social services which provided transportation for those services that have now been correctly omitted from the chart in section II.B can submit those bills to Medicaid for payment. This would involve transportation provided with dates of service November 1 – December 15, 2006.

If you have any questions regarding this policy change please contact your Medicaid Program Representative.

Mark T. Binkley

for L. Allen Dobson, Jr., M.D., Assistant
Secretary for Health Policy and Medical
Assistance

(This material was researched and written by Staff in DMH/DD/SAS and DMA's Rate-setting section.)